



East Windsor Housing Authority



1A Park Hill,
Broad Brook, CT 06016
Tel: 860-623-8467 Fax: 860.623.8554
ewha1966@gmail.com
Office Hours 9:00am – 3:30pm

APPLICATION FOR HOUSING

App. No: _____

Date Received: _____

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DO NOT WRITE ABOVE THIS LINE

I hereby certify that the information I am providing is the full truth. I understand that according to Connecticut General Statue, Section 8-116a(4), any person making a false statement on said application may be fined up to \$500, or imprisoned up to six (6) months or both. By affixing my/our signatures to this application, the applicant(s) is (are) authorizing the East Windsor Housing Authority to conduct a complete background, credit and criminal history on the listed applicant(s). Any applicant rejected because of information attained in the screening process will be notified of validation procedures in writing from this agency.

Applicant #1 Signature

Date

Applicant #2 Signature

Date

INFORMATION SHEET FOR HOUSING APPLICATION



The Park Hill Elderly/Disabled Housing currently consists of eighty-four (84) units, including handicapped units, and is operated on a non-discriminatory basis in accordance with our Fair Housing Policy.

Park Hill is a smoke-free facility.

All information on the application will be kept confidential.

INCOME LIMITS:

Maximum income allowed for single person occupancy is \$50,350

Maximum income allowed for a couple is \$57,550

The base rents (minimum) are as follows:

Minimum base rent is \$429.00, \$449.00, and \$500.00

Rent will be calculated using 31% of the monthly gross household income or the base rent for the available unit, whichever is higher.

Efficiencies are set aside for single occupancy and One Bedrooms are set aside for double occupancy.

The East Windsor Housing Authority, within the program statutory income limits has targeted set-asides for low, very low and extremely low incomes. 80% 50% 30% of the medium income respectively.

SELECTION PROCESS

The East Windsor Housing Authority uses the lottery system for selection of applicants for tenancy. The following steps are taken by the east Windsor Housing Authority:

1. Review the income reported for eligibility of all applicants.
2. Each application will receive a control number. The numbers will then be randomly drawn and matched to the application in numerical order. This process will be conducted monthly.
3. The new list of control numbers is then added to the bottom of the current waitlist. Applicants will be notified of their control number and their rank on the list. Approval to be housed will be determined at the time a unit is available.

All applications must be signed by the applicant and returned to the East Windsor Housing Authority. Incomplete applications will not be accepted.

If the first offer is rejected, the applicant will be moved to the bottom of the waiting list. If an applicant refuses a second offer, they will be removed from the waiting list. Applicant may reapply at any time. All applications are purged after one year from the date it is received.

If you have any questions or require assistance completing this application, please call the office at 860-623-8467.

To inquire as to your position on our waiting list, please send written request to 1A Park Hill Broad Brook, CT 06016. Attention Wait List Administrator. Provide your full return address information.

Effective September 1, 2017 all new residents moving in to Park Hill will be required to pay a security deposit equal to one month's rent at the time the lease is signed. A payment plan, not to exceed 12 months from the move in date, is an option.



APPLICANT #1 INFORMATION:

Name: _____ Telephone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

How long at this address? _____ If less than 5 years, please provide previous address:

S.S. #: _____ DOB: _____

Driver's License # _____ State Issued _____

Are you a U.S. citizen? Yes _____ No _____

If no, when did you enter this country: _____

Do you have a sponsor/conservator/power of attorney? Yes _____ No _____

If the answer is yes, please fill in the following information:

Name: _____ Tel. No: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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APPLICANT #2 INFORMATION (IF APPLICABLE)

Name: _____ Telephone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

S. S. #: _____ DOB: _____

Driver's License # _____ State Issued _____

Are you a U.S. citizen? Yes _____ No _____

If no, when did you enter this country: _____

Do you have a sponsor/conservator/power of attorney? Yes _____ No _____

If the answer is yes, please fill in the following information:

Name: _____ Tel. No: _____

Address: _____

City: _____ State: _____ Zip code: _____

We are required to perform a demographics survey of all housing applicants. This information is voluntary. The data will be kept confidential and will only be used as required by government law or regulation.



Please check all that apply:

Applicant #1:

- American Indian or Alaska Native
- Asian
- African American
- Native Hawaiian or Other Pacific Islander
- Caucasian
- Other _____
- Do Not Wish to Disclose

Applicant #2:

- American Indian or Alaska Native
- Asian
- African American
- Native Hawaiian or Other Pacific Islander
- Caucasian
- Other _____
- Do Not Wish to Disclose

INCOME - Please list all income amounts

Applicant #1:

- Social Security: _____
- SSD or SSI: _____
- Interest: _____
- Dividends: _____
- Pension: _____
- Employer: _____

Applicant #2:

- Social Security: _____
- SSD or SSI: _____
- Interest: _____
- Dividends: _____
- Pension: _____
- Hours/week: _____ Hourly wage: _____

ASSETS – Please list most recent amounts

Applicant #1:

- Bank Accounts: _____
- C.D.'s _____
- IRA's: _____
- Annuities: _____
- Whole Life Ins.: _____
- Stocks/Bonds: _____
- Other: _____
- Trust Account: _____
- Name of Bank where trust is held: _____

Applicant #2:

- Bank Accounts: _____
- C.D.'s _____
- IRA's: _____
- Annuities: _____
- Whole Life Ins.: _____
- Stocks/Bonds: _____
- Other: _____
- Trust Account: _____
- Name of Bank where trust is held: _____

Real Estate/Property Address & Value: _____

Are you collecting benefits under another's social security number?



Yes _____ No _____

Name: _____ Relationship to you: _____

Do you have the following insurances?

Medicare – Parts A and B: Yes _____ No _____

Title 19 – Medicaid: Yes _____ No _____

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If you are receiving disability benefits, do you have a representative payee?

Yes _____ No _____

If yes, please fill in the following information:

Name: _____ Tel No: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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Are you in the program Money Follows the Person? Yes ____ No ____

If the answer is yes, please fill in the following information:

Agency responsible: _____

Tel No: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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CRIMINAL HISTORY – Please indicate if Applicant #1, #2, or both

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please explain citing all specifics: _____

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SPECIAL NEEDS FOR HOUSING: - Please indicate if Applicant #1, #2, or both

Are you disabled per Social Security Disability or other federal agency?

Yes _____ No _____

If the answer is yes, please provide pertinent documentation.

Do you require a wheelchair accessible apartment? Yes ____ No ____

INFORMATION ON CURRENT HOUSING:

Are you currently participating in any subsidy programs?



Yes _____ No _____

If so, please list _____

Have you ever been evicted? Yes _____ No _____

If yes, please provide details:

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Do you own any pets? Yes _____ No _____

If yes please list how many and what type: _____

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VEHICLE INFORMATION

Do you own a vehicle which you would continue to use if housed in this complex?

Yes _____ No _____

Year: _____ Make: _____ Model: _____

Registration no: _____

LANDLORD INFORMATION: Please complete the following information:

Name of current landlord: _____ How long: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone #: _____

Monthly Rent: _____ Does this include utilities? Yes _____ No _____

May we contact your landlord? ____ Y ____ N If no, please explain. _____

Name of previous landlord: _____ How long: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone #: _____

Monthly Rent: _____ did this include utilities? Yes _____ No _____

REFERENCES



Please include references of someone (other than a family member) who has known you for five (5) years or more:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Tel. No: Home _____ Work: _____ Cell: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Tel. No: Home _____ Work _____ Cell _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Tel. No: Home _____ Work _____ Cell _____

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OPTIONAL:

ADDITIONAL CONTACT PERSON:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: Home: _____

Work: _____

Cell: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: Home: _____

Work: _____

Cell: _____



Applicant Information Release Statement:

I understand that the East Windsor Housing Authority is required by Connecticut State Law to verify income and information relative to all applications for admission to Park Hill and to re-examine annually the income of all residents.

I hereby authorize the East Windsor Housing Authority to obtain and/or verify any information relative to my application, or re-examination for continued occupancy. I also give permission for the Housing Authority to obtain information concerning my financial obligations, landlord references, and medical expenses. I also authorize the Housing Authority to conduct credit and criminal background checks.

I authorize permission for the release of information regarding character references and rental history.

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the East Windsor Housing Authority and will stay in effect until terminated in writing by the undersigned.

Applicant #1 Signature _____

Applicant #2 Signature _____

Date _____

